

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		04/25/01
O.I.P.E. CLASSIFIER	RSD		5/17/01
FORMALITY REVIEW	<i>[Signature]</i>	1019	06-19-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)..... Canceled    A ..... Appeal  
 + ..... Restricted                      O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY

*[Signature]* 06/19/01